SAFETY REPORT USER FEEDBACK

1. What information in this report did you find the most informative or useful?

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2. Is there any information in this report that you did not feel was particularly valuable?

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3. What other information would you find useful?

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4. If you use this information for a particular purpose, what is the purpose?

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5. Other comments or questions?

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Personal Information (Optional)

NAME_____ ADDRESS_____

PHONE_____EMAIL_____

Please describe yourself (check any that apply):

❑King County staff ❑King County resident ❑Transportation/safety professional
❑Other _____

Return this form to: King County Road Services, KSC-TR-0222, 201 S. Jackson St., Seattle, WA 98104